



# TRAINING COURSE ANNOUNCEMENT

## MONTGOMERY COUNTY FIRE & RESCUE TRAINING ACADEMY



**Course Title:** **EMT-I to EMT-P Bridge Course #5**  
(Day Class)

**Start Date:** December 5, 2011

**End Date:** April 25, 2012

**Time:** 0900-1700

**Days:** Monday or Wednesday

(the class session on Wednesday is a repeat of Monday's session)

**Location:** MCFRTA

**Instructor:** Cathy Smith, RN EMT-P

**Prerequisite:** See application for specific requirements

Applications can be downloaded from the PSTA Web site:

<http://www.mcfrs.org/PSTA>

The course is limited to 20 persons and will meet or exceed the DOT EMT-Paramedic curriculum. All students successfully completing this course and the National Registry EMT-P examinations will be eligible to take the Maryland EMT-Paramedic Licensing exam.

**Registration  
Deadline:** 10/21/2011 1700 hours



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**PREREGISTRATION IS REQUIRED**  
**CONTACT YOUR**  
**TRAINING COORDINATOR**

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Fire & Rescue Training Academy  
Course Announcement

**EMT-I to EMT-Paramedic Bridge Course #5**  
(Day Course)

Starting Date: December 5, 2011

Class Times: 0900-1700

Days: One day/week; Monday or Wednesday (Monday's lessons are repeated on Wednesday) Students only attend on Monday or Wednesday **not both**.

Location: Fire & Rescue Training Academy

Total Hours: 218 hours (classroom and clinical)

**Classroom:** Sessions will be held Monday or Wednesday. Students will be expected to attend all sessions and complete a research paper, a community health project and a classroom presentation.

**Hospital Rotations:** As scheduled with the Clinical Coordinator. You will be required to attend 32 hours of clinical which will provide you an opportunity to assess and care for patients with complex problems. This may include visits to an Intensive Care Unit, Cardiac Cath lab and operating room (advanced airway management).

**Pre-requisites:** Current National Registry EMT-I and Maryland CRT'99 license. Must have completed the MCFRS CRT'99 Internship and been granted MCFRS CRT'99 charge status. AHA Healthcare Provider or equivalent CPR certification. Current member of a MCVFRS or MCFRS employee with one year of service.

**End of Course Exams:** The class will finish with the National Registry EMT-P Written and Practical exams during May, 2012. Successful completion of the National Registry test will enable the student to take the written Maryland EMT-P Protocol test and obtain a Maryland EMT-P license.

**Application Process:** Candidates must turn in a completed application form, , which must include a copy of their CRT99 and a letter listing their reasons for wanting to take the course. Send your application in when completed. Once the Training academy receives your application they will send the endorsement form (career form or LFRD form) to the appropriate persons.

**Completed applications MUST be turned in to the EMS Training Officer no later than 1700 on October 21, 2011. Applications that are not complete and/or received late will not be accepted.**

Montgomery County Fire and Rescue Service  
Division of Wellness, Safety and Training  
Fire and Rescue Training Academy

Application for EMT-I to EMT-Paramedic Bridge Course #5 (daytime)

**Personal Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Pager/cell phone: \_\_\_\_\_ FD ID #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Employment:**

Current Employer's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ (if MCFRS career list station & Shift)

May a representative of the FRTA contact your employer: **YES** or **NO** (circle one)

**Education**

College attended and years? \_\_\_\_\_

Field of study: Degree: \_\_\_\_\_

Other Education: Degree or Cert. In: \_\_\_\_\_

Other Education: Degree or Cert. In: \_\_\_\_\_

Print name: \_\_\_\_\_

Please list all professional licenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fire/Rescue Activities**

Current primary Fire/Rescue affiliation: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rank \_\_\_\_\_ Sta #: \_\_\_\_\_ Shift: \_\_\_\_\_

Any secondary affiliation: \_\_\_\_\_

Total years Fire/Rescue, EMS experience: \_\_\_\_\_

EMT-I since: \_\_\_\_\_ EMT-I ID # \_\_\_\_\_ Exp date: \_\_\_\_\_

**\*\*\* Must turn in copy of EMT-I card.**

**Date charge medic status obtained** \_\_\_\_\_

Average number of ambulance/medic runs per week: \_\_\_\_\_

**Other Fire/Rescue/EMS Course(s) and/or enclose a copy of transcript:**

Course(s) taken and date: \_\_\_\_\_

Course(s) taken and date: \_\_\_\_\_

Course(s) taken and date: \_\_\_\_\_

Name: \_\_\_\_\_

**Authorization to release Transcript:**

I \_\_\_\_\_ (print your name) in compliance with the Federal "Family Educational and Rights to Privacy Act of 1974" and the Buckley Amendment, authorize and give permission to the Fire and Rescue Training Academy of Montgomery County, Maryland, to release a transcript of my training records to the EMS Training staff.

\_\_\_\_\_  
(Signature)

***All applicants for course must truthfully answer these questions:***

Have you ever applied for ALS certification/licensure in MD, or any other state?  
\_\_\_\_\_ (YES or NO)

If you answered "NO" above:

When \_\_\_\_\_ Where \_\_\_\_\_ Was it granted? \_\_\_\_\_

If not, why not? Explain on additional sheet.

Have you ever had ALS, BLS or other medical certification of license withheld, suspended, revoked or denied? \_\_\_\_\_ If yes, identify what certification, when and by whom, and explain the circumstances on a separate sheet.

Have you ever been convicted of, or plead guilty to, or pled nolo contendere to any crime other than a minor traffic violation? \_\_\_\_\_ If so, provide documentation and explain on a separate sheet in a sealed envelope.

**BY MY SIGNATURE:**

I understand that all of the above information I have given is subject to verification.

Affirm and declare that all of the above information I provided is true and correct to the best of my knowledge.

Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date